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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	09/963,391-Conf. #009469
		Filing Date	September 27, 2001
		First Named Inventor	Akihiro KAWAMURA
		Examiner Name	C. Saadat
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3714
TOTAL AMOUNT OF PAYMENT		(\$)	905.00
		Attorney Docket No.	3377-0130P

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
16	- 20 =	x	=	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
3	- 3 =	x	=	
HP = highest number of independent claims paid for, if greater than 3.				

3 APPLICATION SIZE FFF

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

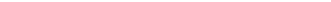
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...
2253 Extension for response within third month

395.00
510.00

SUBMITTED BY

Signature  Registration No
(Attorney/Agent) 40,439 Telephone (703) 205-8035

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>John R. Bally</i>	40,439	(703) 205-8035
Name (Print/Type)	D. Richard Anderson	Date	April 10, 2007

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